

## **FAQ's: Blue Shield of CA (Basic)**

### **Q: Does the physician copay of \$15 apply also to preventive visits?**

A: All preventive visits have a \$0 copay, including office visits for annual exams, well-woman visits (e.g. OB/GYN, prenatal and postnatal), and well-baby care, as well as certain lab tests, age-appropriate screenings, age-appropriate immunizations, allergy testing and treatment, eye refraction/vision screening, annual retinal eye exam for persons with diabetes, and hearing-aid evaluation.

Frequently members call to ask why they were charged for a preventive visit and it is usually because it wasn't billed as a preventive visit by the doctor's office. If your provider bills you for preventive services, you should let them know that your preventive visits are covered at 100% by your Blue Shield HMO plan.

### **Q: Regarding self-referral to a specialist, can I self-refer to any specialist within the Blue Shield network, or only those associated with my Primary Care Physician? If it is the latter, how do I find out which specialists are associated with my primary care physician?**

A: With Access+ Specialist, you may arrange an office visit with a specialist in the same medical group or IPA as your Personal Physician without a referral from your Personal Physician, subject to the limitations described below.

Access+ Specialist office visits are available only to members whose Personal Physicians belong to a medical group or IPA that participates as an Access+ Specialist provider. Refer to the HMO Physician and Hospital Directory or call Blue Shield Member Services at (800) 334-5847 to determine whether a medical group or IPA is an Access+ Specialist provider. When you arrange for Access+ Specialist visits without a referral from your Personal Physician, you will be responsible for a \$30 copayment for each Access+ Specialist visit. Each follow-up office visit with the plan specialist which is not referred or authorized by your Personal Physician is a separate Access+ Specialist visit and requires a separate \$30 copayment.

### **Q: Is the Access+ Specialist self-referral program available for Blue Shield NetValue members?**

A: Yes, the Access+ Specialist program is available to both Access+ HMO and NetValue HMO members.

### **Q: When will the data regarding the expansion of Blue Shield NetValue to new counties — such as which hospitals & physician networks are included — be available?**

A: The data will be available on the CalPERS websites for members and HBOs by September 1, 2011. Members can access this information by visiting [blueshieldca.com/calpers](http://blueshieldca.com/calpers) and selecting "NetValue HMO medical groups for 2012". HBOs can access this information by visiting [blueshieldca.com/bsc/calpers/hbo](http://blueshieldca.com/bsc/calpers/hbo) and selecting "NetValue service area expansion for 2012".

**Q: Where is the NetValue plan available?**

A: The NetValue plan is available in the following counties: Contra Costa, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Ventura, and Yolo.

**Q: Are wellness discounts available for Blue Shield NetValue members?**

A: The Wellness discount program is available to all Blue Shield members. For additional information regarding our Wellness discount program, please visit [blueshieldca.com/calpers](http://blueshieldca.com/calpers), select Wellness Resources and then Discount Programs.

**Q: Could you please explain the \$250 hospital copayment?**

A: The \$250 copayment applies to upper and lower gastrointestinal (GI) endoscopy, cataract surgery, and spinal injections, when an outpatient hospital is used instead of an ambulatory surgery center. In order to have these procedures covered at a \$0 copayment level, you can ask your Personal Physician to refer you to an ambulatory surgery center.

**Q: Is a \$250 hospital copay per admission for bariatric surgery being added for HMOs if the member does not use a Center of Expertise?**

A: No. The \$250 copayment only applies per procedure when an outpatient hospital is used in lieu of an ambulatory surgery center for upper and lower gastrointestinal (GI) endoscopy, cataract surgery, and spinal injection.

**Q: Who provides the pharmacy benefit for the Blue Shield HMO plans?**

A: Blue Shield of California administers its own pharmacy benefit. We contract with PrimeMail to provide mail order services; however, claims are processed and paid by Blue Shield.

**Q: What are the Pharmacy benefit changes for 2012?**

A: Prescription copays for brand-name drugs will increase by \$5.00 for all Blue Shield HMO plans. Retail pharmacy prescription copays for non-maintenance drugs and for the first 3 months of maintenance drugs (up to a 30-day supply) are:

\$ 5 for preferred generic drugs,

\$ 20 for formulary or preferred brand-name drugs,  
\$ 50 for non-formulary or non-preferred brand-name drugs

Mail-order prescriptions offer big savings for 90-day supplies of medications. Copays for a 90-day supply of mail service prescriptions are equal to two 30-day retail prescription copays for all Blue Shield HMO plans:

\$10 for preferred generic drugs,  
\$ 40 for formulary or preferred brand-name drugs,  
\$ 100 for non-formulary or non-preferred brand-name drugs

Non-formulary drugs and drugs to treat erectile dysfunction do not accumulate towards the \$1000 mail service out-of-pocket maximum.

Members pay the cost difference between a brand-name and generic drug, plus a generic copay, when a FDA-approved generic equivalent is available, however:

- Exceptions for medical necessity are available via prior authorization; if approved, the applicable brand copay applies.
- This does not apply to drugs used to treat erectile dysfunction, which remain at 50% of the cost of the prescription.

**Q: Why did my retail copay go up after the first three fills (or first 90 days)?**

A: The maintenance medication benefit was introduced in 2010 and employees were notified of the cost advantages of moving their prescriptions to the mail-service pharmacy, PrimeMail.

**Q: How can I find out if my doctor is in your network?**

A: To find out if your current doctor is in our network, or to choose a new doctor, go to [blueshieldca.com](http://blueshieldca.com) and click on Find a provider now. Under Select a plan, choose CalPERS as your Medical plan and Access+ HMO, NetValue HMO, or Access+ EPO as your sub plan. Check Doctors, and then click Advanced search to select HMO Personal Physicians in the Doctor type or specialty field. Enter your ZIP code and click Find now.

If you don't have access to the Internet or need help, simply contact Member Services at (800) 334-5847 for personal assistance. You can change your Personal Physician at anytime for any reason, and your new doctor will be effective on the first of the following month.

**Q: Do you have a list of which hospitals are included in your network?**

A: Yes. To find out if your current hospital is in our network, or to review the list of hospitals in our network, visit [blueshieldca.com](http://blueshieldca.com) and click on Find a provider now. Under Select a plan, choose CalPERS as your Medical plan and Access+ HMO or NetValue

HMO as your sub plan. Check Facilities, enter your ZIP code and click Find now. Choose Find a Hospital, UrgentCare Center or Other Facilities; under Choose a Plan, select CalPERS, and then choose CalPERS Access+ HMO, CalPERS NetValue HMO, or CalPERS Access+ EPO. If you don't have access to the Internet or need help, simply contact Member Services at (800) 334-5847 for personal assistance.

**Q: If our employee is already a member of WeightWatchers or 24-Hour Fitness, can they still get the discounts?**

A: Yes. See details noted below.

### **WeightWatchers**

- Online savings – Special rates on 3- and 12- month subscriptions
- At-home kits – Special member pricing of \$124.90 for each kit
- Monthly Pass -- Special rates for unlimited local meetings each month, plus free eTools

### **24 Hour Fitness**

- Waived enrollment, initiation, and processing fees
- Discounted initiation fees and monthly dues – as low as \$24.99 a month

For existing WeightWatchers or 24 Hour Fitness members, please contact the vendor directly to see if any of the above-mentioned discounts can be applied to your existing account.

**Q. How do I access the massage therapy network?**

A: The Alternative Care discounts are available to all Blue Shield of California members and allow you to save 25% off the cost of visits to acupuncturists, chiropractors and massage therapists. To search for alternative care providers, log into blueshieldca.com, chose wellness discount programs (under keep me healthy), and click on alternative care discount programs. If you don't have access to the Internet or need help, simply contact Member Services at (800) 334-5847 for personal assistance.

**Q. How does the new knee & hip facility change affect me?**

A: Effective 1/1/2012, there will be a \$0 co-pay for knee & hip replacement surgery when referred to one of 16 Blue Distinction Centers across the State. If a facility outside of this network is used, members will be responsible for all associated costs. Blue Distinction Centers are hospitals within Blue Shield's network that are recognized nationally for distinguished clinical care and processes by the Blue Cross and Blue Shield companies. Studies indicate that Blue Distinction Centers have better overall outcomes and lower costs for certain procedures when compared to non-designated medical facilities.

## **FAQ's: Blue Shield of CA (Medicare)**

### **Q: How does Blue Shield 65 Plus (HMO) work and what does it include?**

A: You select a Primary Care Physician (PCP) who will arrange your care and refer you to specialist(s) within their affiliated medical group or IPA and hospital(s). There are some services that you can obtain without a referral; refer to the Evidence of Coverage for more information.

Enhanced Part D prescription drug coverage is included so you will have your medical and pharmacy benefits all under one plan, with one ID card. There is a Medicare approved formulary, which includes a lot of the same drugs that are in the commercial formulary, plus drugs that are required by CMS. The benefits and copays are comparable to what you have now.

Preventive care is covered at \$0 copay (separate office visit copay may apply), and non-Medicare covered vision and hearing services are included.

### **Q: How do I know if I am eligible (or my spouse and dependent(s)) to enroll in Blue Shield 65 Plus (HMO)?**

A: To be enrolled in Blue Shield 65 Plus, the member must:

- Meet CalPERS eligibility requirements
- Be entitled to Medicare Part A and enrolled in Medicare Part B.
- Permanently live in one of the following areas to join the plan): Los Angeles, Orange, San Luis Obispo, San Francisco and Ventura counties; and parts of Fresno\*, Kern\*, Madera\*, San Bernardino\*, Imperial\*, Nevada\*, San Joaquin\* and Riverside\* counties (\*partial county - see Summary of Benefits or Evidence of Coverage for partial county ZIP code listings).
- Individuals with End Stage Renal Disease must be current members of a commercial Blue Shield plan and have been since their dialysis began and meet the other eligibility requirements

### **Q: What does it cost?**

A: CalPERS will be responsible for paying your monthly plan premium. You may contact CalPERS to see what your monthly rate will be for 2012. Members must continue to pay their monthly Part B premium.